

PRIVILEGED IAW FEDERAL RULE OF EVIDENCE 410
For Official Use Only

FORT HOOD VETERAN'S COURT APPLICATION

Please submit completed application to the Fort Hood Special Assistant US Attorney's Office. Email: simone.l.jack.mil@mail.mil or in person to the office of the Special Assistant US Attorney. You may contact Simone Jack at (254) 287-5072 for further information.

Defendant's Name: _____	Date of Birth: _____
Address: _____	Phone #: _____
Email: _____	DL State and #: _____
Aliases (if any) _____	SSN: _____
Employment/school: _____	Phone #: _____
Attorney Name: _____	Phone #: _____
Attorney Email: _____	Fax #: _____

Cause Number(s)/Dates of arrest/Charge(s)

_____/_____/_____

1. What is the defendant's county of residence? _____
2. Does the defendant have any other pending cases or charges: Yes _____ No _____
If yes, charges and jurisdictions: _____
3. Does the defendant have any outstanding holds or warrants from any other jurisdiction (including immigration matters)? Yes _____ No _____ Unknown _____
If yes, charges and jurisdictions: _____
4. Is the defendant currently on Community Supervision/Probation in any other jurisdiction?
Yes _____ No _____ If yes, name jurisdiction and offense: _____
5. What Branch of Service did the defendant serve in? _____
6. List all dates of discharges and characterizations. _____
7. What were the dates of service? _____ (Please attach copies of all DD214s)
8. What combat zone or other similar hazardous duty area was the defendant deployed to? _____

Dates of deployment: _____

9. Has the defendant been treated for/diagnosed with PTSD, a service related mental health / substance abuse disorder, a traumatic brain injury (TBI), or Military Sexual Trauma (MST)?
- Yes _____ No _____ Unknown _____

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10. (To be completed by defendant) Please explain in your own words how you believe your experiences during your term of military service contributed to the behavior resulting in your arrest. Also, please indicate what you hope to gain from the program and what the Court can expect of you: _____

[illegible]

I am capable of understanding the requirements for the Fort Hood Veteran's Court, and the requirements have been fully explained to me by my attorney.

Defendant's signature

Date _____

Signature of Attorney

Date